Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township of Bennettsville

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

21848

Registration District No. 3301 Registered No. 94

(For use of Local Registrar)

(2) Full Name of Child Mag. Williams

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? (5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH July 12 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Pat Williams	(14) NAME BEFORE MARRIAGE Nancy Fragier
(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.	(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 11:50 a.m. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rachel Williams

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 31 1923 (28) Mr. H. H. Pate

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.